

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) 36						SERIAL NO.		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		5					56						
7		5					57						
8	1						58						
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12		1					62						
13		1					63						
14		6					64						
15		6					65						
16	1						66						
17		1					67						
18		1					68						
19	1						69						
20		1					70						
21		1					71						
22		3					72						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						